



Empower & Enable: **Let's Talk About Mental Health**

Podcast Information

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Hosts: Monica Majumdar and Kate Clayton-Hathaway

Guests: Maron and Tami, both multiple needs caseworkers at Elmore Community Services

Podcast Episode Transcription

Kate: Hey everyone, I'm Kate.

Monica: I'm Monica and this is the Empower & Enable podcast by Elmore and Oxford Against Cutting.

Oxford Against Cutting, also known as OAC is a rights-based charity working to end harmful practices suffered by girls and women. These include female genital mutilation (FGM), 'honour'-based abuse (HBA), early and forced marriage (EFM) and female cosmetic genital surgery.

Tom: Hi, Tom Hayes here, CEO of Elmore. Elmore is a complex needs, mental health, and domestic abuse charity in Oxfordshire, working with vulnerable people experiencing several overlapping challenges at the same time. Elmore is delivering the victim and perpetrator programmes as part of Oxfordshire's new Family Solutions Plus domestic abuse service, funded by Oxfordshire County Council. This podcast has been made possible by funding by the Office of the Thames Valley Police and Crime Commissioner.

Kate: In today's episode, we are going to be talking about Mental Health within diverse communities. We are joined by Tami and Maron of Elmore Community Services.

Monica: Before we kick off, please note that this episode covers topics of a sensitive nature including sexual abuse and domestic abuse. This podcast is age-appropriate for 16+.

Monica: I just really want to say thank you to Tami and Maron for joining us today; it is an absolute pleasure to have you here. We're really excited to hear about your expertise, your work and how that contributes to the community.

So, I am going to kick off with my first question, which is handing over the mic to you. Can you just tell us a bit more about yourself and your background on what you do at Elmore?

Tami: My name is Tami, and my background has been in social care from quite a young age. I've always had a passion for helping people improve their quality of living, so I decided to train as a social worker.

In my last placement that was with the Elmore community services and I realised I really loved a holistic approach and decided to stay working there. I've now been there for over 11 years.

Maron: My name is Maron. My background is in mental health. I did study a bit, three years of medicine, but I mainly worked in mental health. I worked for a couple of organisations in Manchester, including 42nd Street, Refugee Action through the UN (United Nations) and the UK BA (UK Board Agency) - the Gateway Protection Programme. I worked for the British Red Cross, where I led a group of sessions for people who suffered trauma. I worked in a medium secure forensic ward at a hospital in Bury before moving to Elmore, where I'm still working in mental health for about five to six years now.

Monica: Such a wealth of knowledge. Very different, but also similar roles, so thank you for sharing that both. My next question is, in your experience as a mental health professional, do you see mental health issues being discussed widely within minority communities? Tami, can I hand that question over to you first?

Tami: I think that discussions about mental health have improved over the years. Thanks to social media and organisations that bring awareness to mental health needs. I think that in some communities is still very hidden, and people fear disclosing they have mental health needs and reach out for support.

Monica: Over to you, Maron.

Maron: Yes, I think for me it depends pretty much. I know that globally mental health, it has its own historic issues linked to gender, group of people, regional and so on. It is being talked more, and people are quite more openly talking about it, but only people who can access affluent social media.

Monica: Thank you.

Kate: Maron, you said about access to social media. Could you say a little bit more about that?

Maron: Yeah, because when we're talking about social media here in England, we think that everybody has access to social media. When you look at demography, there are so many people who can't, who can't still access even a computer, and that is a generational thing.

Older people who cannot access computer, who has mental health issues - would find it difficult to comment or even how to access this stuff. While the people who are young, who are born into computer, who are born into social media, are exposed to seeing that and probably trigger them thinking about it. Then, you have the cultural issue, deeply rooted.

I think I can give it a typical example. Working for RAK - Refugee Action Kingston. I worked with more than 475 North Korean refugees. Before them, if you dare mention mental health to somebody, they are not supposed to be among the people. You know, among everybody, they have to be 'locked' or taken into somewhere else; this is in Britain.

Now to break those barriers, at that time, I was not working in the mental health field, so breaking those are quite difficult.

Kate: Thank you, Tami – just coming back to you for Monica's question about seeing mental health issues widely discussed within minority communities. Have you seen some differences between genders or perhaps regions or cultures in terms of the extent to which it is discussed?

Tami: I think working for Elmore, in general, it's recognised that actually, we don't have many people come forward from minority ethnic communities. When we are working with those communities, they struggle to disclose their mental health needs, and it's kept very private within the family, which makes it quite difficult for us to be able to provide support, and it might take longer for us to build relationships with them.

Monica: I just wanted to pick up on that because I think coming from a minority community myself. I think I understand why, and this is not me justifying it. Actually, it's if you share your problems and share it with your 'own'. You don't share it with people outside the community, and even when I say your own, your own being a family.

It's very much frowned upon in some communities of telling your extended family or cousins. Like your problem should be your own. I've been very fortunate, and I say this quite often that my parents aren't that way, if there was a mental health issue or physical issue.

I suffer from endometriosis which does have an impact on like fertility rate and stuff like that. I remember discussing that openly with my parents and then being so supportive in like saying, you know, you can tell whoever you want. We can take you wherever and they were very open about it. I guess there is this sense of shame as especially as a woman; I feel this may come across for women more; that you are protecting someone's honour, whether that's your father's honour, your husband's honour, or your brother's honour. But, openly saying – “actually, I'm not coping”; isn't ok.

You can't even sometimes break down to your husband because that makes you weak, and women often are seen as the weaker sex, the weaker gender; then admitting that is making you weaker. You have women that go through so much trauma after birth and all these different types of things. I do think that comes down to the narratives that's within your community. I'm not blaming culture entirely because I'm very proud of where I come from, and I've been in a very fortunate position, but unfortunately, some women and men aren't in that position; so, the community for me plays a huge role.

Tami: Yeah, I totally agree, and maybe as a community, we could do more to help people from minority groups.

Monica: Definitely, in agreement with that. I'm just going to quickly go on to the next question. I know I've touched on some of this myself from my personal issues, but in your experiences as a practitioner, what are the key mental health issues faced? Are there any particular ones? I know we can't label them by race, by gender and by community, but actually, some are a bit more prominent than others. Or maybe the discussion of it is a bit taboo. Are there any for diverse groups and ethnic groups?

Tami: I can't say I've noted prominent ones. I mean, it depends on the person's life experience, and how life could develop for them, and their family line will depend on their mental health diagnosis. I mean, we generally see a lot of people with depression and anxiety and trauma, but I wouldn't say that was fixed to ethnic group.

Monica: Maron, what about you and your perspective? Through your work experience? Has any come to light that you found more prominent?

Maron: I think there are quite a couple. One that I found most commonly is the issue that I found is it conceptual. Mental health to many, I will mainly talk about African communities. Mental health is when somebody is psychotic when they cannot. When they have gone completely, what they call mad, so someone having depression would not be seen as mental health.

Someone having severe anxiety will not be seen as mental health. It will be seen as something that they can tell you 'get out', 'you can't be that way', and that is the way to be cured.

I have a challenge with this in the background. Again, you have stereotypical issues, especially for men. You will find that men are supposed to be strong. A man cannot be seen saying that they are depressed. A man cannot be seen saying that they are anxious, and these are issues. I'm speaking mainly from African countries, and these are issues that would probably make it very hard if not known, if not explained clearly to a person that is suffering or affected by these issues. To make them understand that they're actually issues instead of the things that have been already normalised in the background.

I think those are quite a couple of issues that I have come across a lot. Especially when I'm doing non-Elmore related work and when I'm supporting African community groups.

Kate: Could I just quickly ask, Tami have you found that we are talking a little about some of the barriers here, that there are any stereotypes that maybe, I liked Maron's example of men have to seem to be strong, so they're not allowed to have mental health? Have you come across any stereotypes like that in your work? Women have to be strong; women have to keep family together or something like that?

Tami: I think that females are generally in a really difficult situation. Women have to multi-task. We have to bring up children. We have to work full-time jobs quite often. You know, the stress of finances, so quite often we're juggling lots of things and we don't have time to necessarily look after ourselves as well as we should.

We're always having to be there for other people, and I think that with Elmore, we do have a lot of female referrals.

Monica: Can I add something? I think a lot as well; obviously, this is not me saying this is a mental health issue, but often with women, they're then labelled as it being something else. It's like - "oh no, no *Nazar (evil eye)* has been put on her". Just for context, *Nazar* is the evil eye, and that's what has been put on her. Or "oh no, no, no, it's because she's lacking in something, and that's why this has happened". I've heard some crazy reasonings, and it's not actually acknowledged that, oh no, my child or my wife, my sister has a mental health issue.

If they do see something happen to her, oh, the devil's possessed her. She hasn't been praying, or she's now on her time of the month; it's her period, so obviously, she's going to act this way.

Not even just in the South Asian community, like you hear that a lot across social media, in the media as well in general. That oh it's a woman's time of the month, so she's going to be moody, and that's what's associated to having a mental health condition. It's assumed that

just being moody is an indication of that, whereas it's so much more. It has an impact on your self-esteem, the way you feel, and there is just a label. I think that narrative needs to change.

Maron: What you haven't touched on, Monica, is quite important. It's very, very important, especially for people in faith group. When somebody has a mental health issue, it can quickly lead into linking it to their faith and having a faith diagnosis rather than a medical diagnosis.

Again, you can point out to a lot of examples that have happened in London where traumatised children have end up being harmed and abused, just because of their symptoms, of having witnessed or having been traumatised.

Monica: Definitely 100% and the so-called healing process to it. Let's take them to a place of worship. Let's have the Priest or the Imam come over. If it doesn't work, then, Oh no, this person/ this child is possessed by the devil, and there's just nothing taken beyond that. There's not; let's take them to the doctor. Sometimes it's not even acknowledged as an issue. It's, "oh, give them time. They'll grow up".

Maron: Yeah, you are right. In many communities, quite a lot of experience in African communities, that they will even attempt to take a child, to take them to a church in Africa, where they have to do exorcism to get the devils out of them, instead of seeing mental health issues; not understanding the definition.

Even within Britain itself, there are a lot of people who are marginalised in the society, who do not understand all these new diagnoses. Yeah, not very, very long ago, its depression would not be something that people would be talking about. Now we were talking about all sorts of personality disorders.

Kate: Coming from a social care background so you would have a different lens to look through. This idea that mental health issues isn't even a concept. People wouldn't think about it being an illness because, culturally, it's not acceptable to them. Is that something that you've come across from your perspective?

Tami: The people I provide support with, they blame themselves often for having mental health illnesses. When actually a little bit stems from their childhood or the way that they've been treated in society or relationships.

Kate: It is interesting, though, that across the board, to blame oneself for having a mental health issue is still quite common; it seems to be across all cultures. We'd like to think in this society that we've made lots of steps in the right direction. In terms of understanding mental health issues. In terms of being able to ask for support and it's quite a lot in the media, social media, but on the TV and another source of media as well. How important our mental health is, particularly around COVID, but it's interesting that you talk about it being quite common for people to still blame themselves.

Monica: Kate, can I just add something to that? When admitting it, there is a - oh, I can't admit it, because then it will bring shame onto my family. That's because of the repercussions or whether that's going to bring shame onto the family or perceived shame onto the family.

Also, not just to blame on oneself but actually often you hear in some communities that - oh the mum didn't bring up the child right, and that's why she or he is suffering in that way.

They don't understand that mental health issues can start from a young age. There may be trauma, and there may be incidents which triggers something; causes stress. That's often used within these communities, that "oh the mums did not keep the child in line and that's why they've ended up like this".

Kate: That just reminds me of Prince Harry's latest podcast has talked about how because his grandparents were brought up in a certain way and his father was brought up in a certain way. Then, he had mental health issues because of his upbringing, which is causing an uproar.

Upbringing and family environments can be a huge contributor.

Maron's already mentioned social media and lack of access to social media, and I wondered, Maron, starting with you, if you had any other barriers that you feel are in place?

Maron: It's the way services are set. I'll give a typical example at the Elmore. If we at the Elmore were only to take referrals from professionals, a lot of people that we are supporting would never have a chance to reach us.

So, the setup itself on how access to support in services itself may end up being a barrier because it's too complex for somebody with mental health issues to go that length, to get, to seek support. At Elmore, people can call, and we will contact them to chase up and found out exactly what is going on, what they want.

So that is a typical example that I can give, just to say that the way access to services is set up may complicate things. Even though it is meant to be a simplification, it's actually a complication.

Kate: So, at Elmore, then are people able to come to you directly without a professional referral?

Maron: Absolutely, and most of complex that people that we do support. People who are completely lost, who fall through the gaps and can't fit into any established system, come through that hole.

People can pick a telephone and call Elmore Community Services and say I want to self-refer. They start to think this is a strength, that it's a gift for me. It gives me really the enthusiasm to work with people, because they are people who would not have access to reach into the well set up services

Kate: That's really interesting. Tami, for you in terms of how people might come to you or how you might be able to reach them. How do you feel that things work in terms of access, and what the best pathways might be?

Tami: I agree with Maron. I think that Elmore does offer a more person-centred approach so that we do it take referrals directly from people that need support. I think that the barriers to accessing other services may be that people are not aware of what's available. Referrals might be a very long process and complicated, impossibly invasive.

We really do try and apply a person-centred approach, so people feel comfortable talking to us. We don't push the information either. We take the information that they want to give us that would be helpful for the referral.

Kate: One of the things that Maron mentioned earlier, and I referred to it was that in terms of people being able to access social media, access computers, access information in that way. That they might have more benefit because they can find things out. Have you found that to be the case? Tami? that some people may be excluded because they haven't got those channels.

Tami: I think that not everybody can afford IT equipment, not everybody is able to use those. I think that for our service, it's very established it's well-known with other professionals. So, if someone comes to them and they are able to recognise they need support, they will signpost up to us.

That person can just pick up the phone and speak to somebody that will listen to them and understand their situation.

Kate: So, word of mouth and having an established reputation and being known for the services that you provide is something that helps you to be able to reach out to a wide audience.

Tami: Absolutely. Quite often, the people that we've supported will also recommend us to their friends, their families, that also need support.

Kate: That's really good to hear. Thank you. I'll go onto my final question, and this will be to both of you. Perhaps start with Maron. What advice would you give to someone seeking help or support or further information on their mental health issues?

Maron: To start with, is acknowledge and make them understand that mental health issues are nothing out of this world. Mental health is just like having a headache; you have a broken arm, you have a sore on your leg; it can happen to anybody, no matter who you are.

No matter how much money you have, no matter how poor you are, and it is an issue that needs dealing with. That somebody might need support with seeking mental health support is very important. Make them understand that it is normal; it is nothing unusual to have mental well-being needs. We do have our needs, and mental health is a part of it.

Kate: Thank you, that's great. That's a really good explanation there. Tami, would you have any particular advice for someone seeking help or support?

Tami: My advice would be, is to try and talk to a family member or close friend. That would be your first port of call, and then maybe they can support you to talk to your GP. Who can contact services like ours for advice and signpost in or even to make the referral, if you choose? There are other mental health services available as well that could be found on the Internet, like Safe Haven and Mind, that will provide support and advice.

Restore offers some great mental health support and provide opportunities for social activities and peer support.

Maron: Again, we do work with Connexions in the partnership. They do have a team of mental health support workers.

Kate: Now that's some fantastic; my final comment would be just. Thank you so much for your insights, and I'm really struck by the theme from what both of you have said in terms of being able to try and speak to Tami said close friend or a family member and Maron's points about perhaps early detection trying to recognise and not feel that embarrassment, or denial, or shame about having mental health problems. Both of those things, if you like, are

not preventative exactly, but they certainly can; with early detection, they can maybe help people to point them towards getting some help; so, thank you.

Monica, did you have anything further?

Monica: I just wanted to say thank you for those that are listening. I think openly hearing and seeing that we're discussing this will hopefully help someone in managing their feelings and their emotions. Just to say that we acknowledge, I think I speak for all of us that we acknowledge how difficult it can be and what we're really saying here is, find that support, find that network that you feel like you can open up to.

Tami and Maron, you've really put it beautifully in terms of really pinpointing that it shouldn't be a taboo. We should be able to freely discuss this and all the resources that you've mentioned, so thank you.

Tami: Thank you.

Maron: Thanks.

Tom: As our podcast comes to an end, we hope that listeners from all types of diverse communities will feel more confident in discussing their mental health issues with each other and professionals. And that mental health professionals are able to offer more culturally sensitive and responsive services

Monica: Thanks for listening! All the resources and service provision discussed in this podcast will be listed in the description.

Kate: If you enjoyed this episode, please share it with others and post about it on social media. Keep an ear out for our other podcasts. Until then stay safe, join the conversation, and help raise awareness.